

ANALYTICAL AND BIBLIOGRAPHICAL NOTICES.

ART. XXV.—*Saint Bartholomew's Hospital Reports*. Edited by JAMES ANDREW, M.D., and THOMAS SMITH, F.R.C.S. Vol. X. 8vo. pp. xlv., 420; x., 82. London: Smith, Elder & Co., 1874.

THE present volume, which is announced as the first of a second series of the *St. Bartholomew's Hospital Reports*, is both more portly and more elegant in appearance than any of its predecessors, and thus tempts us to hope that the "Reports" have proved an exception to the rule which commonly obtains in regard to works of a similar nature, and that their success has not been limited to one of a scientific character.

Prefixed to the papers of strictly professional interest, is an appreciative memoir of the late Mr. Thomas Wormald, contributed anonymously, but evidently by one who well knew the man of whom he wrote. A pupil of Abernethy, Mr. Wormald seemed to have acquired many of his preceptor's peculiarities of manner, as well as his surgical doctrines. He wrote little, and was, therefore, less known out of his own circle than many surgeons of inferior merit. He was born in 1802, and died in 1873, and his connection with St. Bartholomew's Hospital, as pupil and teacher, lasted for nearly half a century.

Following our custom, we shall consider separately, the papers of *surgical* and those of *medical* interest, and shall first invite attention to a short communication *On Disease of the Mammary Areola preceding Cancer of the Mammary Gland*; by Sir JAMES PAGET, Bart., F.R.S. The condition of the areola described by Sir James Paget has been observed by him in about fifteen cases, and in each instance cancer attacked the corresponding mammary gland within two years. The disease began in every case as an eruption on the nipple and areola, giving usually the appearance of a very red, finely granular, raw surface, as if the part had been deprived of its epidermis, and not unlike the appearance of the glans penis when attacked by acute balanitis. The affection was attended by the exudation of a clear, yellowish, viscid substance, and the patients experienced a sensation of burning, tingling, or itching, but without any disturbance of the general health. The eruption in this form never extended beyond the areola, and in only one instance did it pass into a deeper form of ulceration. In other cases, in which the eruption resembled an ordinary eczema, or a psoriasis, it spread beyond the areola in widening circles or in scattered blotches. The practical inference from Sir James Paget's paper, and one which he apparently favours, though he does not draw it in stated terms, is that when these peculiar appearances of the nipple and areola are noticed, the part should be removed in the hope of preventing the development of cancer.

The next paper is on *The Treatment of Secondary Hemorrhage after Ligation of the Femoral Artery in Continuity*; by WILLIAM HARRISON CRIPPS. This is a statistical paper, founded on an analysis of fifty-three cases which the author has collected from various sources, and which he has classified according to the plan of treatment adopted. In speaking of the futility of tying

the iliac artery for hemorrhage from the femoral, Mr. Cripps relates a very striking experiment which may serve incidentally to show the opponents of vivisection, the important bearing which experiments upon the lower animals may have upon practical surgery. To illustrate the tendency of blood to pass through arterial anastomoses rather than towards the capillaries, the author says—

“If water be injected into the common iliac artery of a rabbit, it will circulate through the capillaries, returning by the vein. If the external iliac and the superficial femoral be now tied, the water will still return by the vein, only much more slowly.

“If the femoral artery be now divided below the ligature, and water still injected by the common iliac, it will be found that a greater quantity of the water will return through the cut (lower) end of the femoral than by the iliac vein. This experiment shows, at least in the case of a rabbit, that even with the iliac vein open, less resistance is offered by the anastomoses of the arteries than is afforded by the capillaries.”

The results of treatment in cases collected by Mr. Cripps may be seen in the following table:—

Mode of treatment.	Died.	Recovered.	Total.
Ligation of external iliac	12	2	14
Amputation ¹	3 (2)	3	5
Reopening the wound	7	5	12
Pressure and bandaging.	3	12	15
No treatment	4	3	7
Aggregates	28	25	53

The author terminates his paper with the ensuing conclusions, which we quote in full:—

“It would appear that of these methods of treating secondary hemorrhage from the femoral, ligation of the external iliac is under no circumstances justifiable. The operation is not only useless in arresting bleeding, but exceedingly fatal to the patient's life.

“Amputation has the merit of being recommended by the best authorities in modern surgery, but it would seem that if the patient have sufficient vitality to bear this formidable operation, he cannot be in such a condition as to forbid a further trial of pressure. Still in desperate cases, or those in which gangrene has already set in, removal of the limb may be the only chance of saving the patient's life.

“Opening the wound is a hazardous and uncertain proceeding, and the chances of success appear to be too slight to weigh against the delay, uncertainty, and danger of the operation. Possibly under circumstances mentioned in a preceding page [when bleeding follows soon after the original operation] the operation may be undertaken with a fair chance of success.

“Firm bandaging and the most carefully-adjusted pressure is undoubtedly the treatment to be adopted in these cases, and the method should be carried out with an assiduity and perseverance derived from the firm conviction that in the majority of cases it is the only treatment to be relied upon.”

The next paper which demands our attention is *On the Relations of the Histology and Clinical Surgery of Tumours, with an Account of several cases of interest occurring in the Hospital during the past year*; by HENRY TRENTHAM BUTLIN. Mr. Butlin begins his paper with an interesting sketch of what he calls the “rise and progress in the microscopic anatomy of tumours,” showing how the battle-ground has gradually changed from simple observation of *microscopic elements* to study of *structure*, and from study of structure to

¹ In one of these cases the external iliac had been previously tied.

investigation of *genetic origin*. We have so often expressed our conviction that the modern methods of classifying morbid growths are not sufficiently definite to be of much use to practical surgeons, that we may be excused from again referring to the subject, particularly as Mr. Butlin seems to us, in the following sentences, to pretty much yield the question in favour of the clinicists. Referring to Dr. Payne's dictum that the modern histologist, when asked if a given tumour is malignant, can only reply that it is of such and such structure, Mr. B. expresses the opinion, in which we quite coincide, that this view of the advantages to be derived from microscopic study is unduly limited, and then adds:—

"But in the majority of cases it is not at all necessary for the surgeon to ask for the minute characters of a tumour, in order to enable him to diagnose the case as innocent or malignant. It may even happen that when the histologist has described what is generally considered to be an innocent structure, the surgeon will be perfectly right in dissenting from the opinion as to its innocence. Ill-defined growths, not encapsuled, or only inclosed in a thin imperfect capsule—growths which affect adjacent structures, as connective tissue, skin, muscle, etc., gradually incorporating them in their continuous increase,—growths of such kinds, which are excessively vascular, require generally no microscopic examination to stamp them as likely to return, and in time to kill. It has become too much the custom; to trust implicitly in minute characters for diagnosis and prognosis, even sometimes to the exclusion of general characters which are more than sufficient."

Mr. Butlin's paper is terminated with the record of four cases, one of connective-tissue (fibro-nuclear) tumour, one of spindle-celled sarcoma (recurrent fibroid tumour), one of round-celled sarcoma undergoing calcification, and one of soft carcinoma of the clavicle.

We turn next to an article entitled *Surgical Notes: Wounds and Ulcers*; by GEORGE W. CALLENDER, F.R.S. The information conveyed in Mr. Callender's communication is of rather a desultory character, and his paper is altogether hardly up to the standard which he has established for himself by his former writings. We note, *inter alia*, mention of the use of the aspirator in several cases of strangulated hernia, "but in all instances without being of any service;" a case of fatal hemorrhage from wound of the posterior tibial artery, with lodgment of a foreign body—in which case it seems to us that advantage might have been derived from the employment of Esmarch's bandage; and a fatal case of "litho-nephrotomy," in which, by enlarging a sinus,¹ a calculus weighing eighty grains was removed, though at the autopsy (the patient dying between three and four weeks after the operation) the kidney was found to contain other stones which had not been detected.

The *Treatment of Foreign Bodies in the Vitreous* is the title of a paper contributed by Mr. HENRY POWER, who appends histories of a remarkable case of pterygium, a case of anchyloblepharon, and one of opacification of the cornea without inflammation; these being, moreover, illustrated by means of a well-executed chromo-lithographic plate. In common with most modern authorities, Mr. Power favours early excision of the eye in the majority of cases in which the presence of a foreign body in the vitreous is suspected, and fortifies his position both by the record of his personal experience and by numerous quotations from the writings of other ophthalmologists. The case of anchylo-

¹ The terms "nephrotomy" and "litho-nephrotomy" should, it seems to us, be reserved for cases (such as that recorded by the author in the last volume of the Reports) in which the kidney is formally cut into, and should not be applied to operations which consist merely in the enlargement of previously existing sinuses.

blepharon reported was of congenital origin, and the abnormal adhesions were readily torn through with a slender probe.

Mr. Power's paper is immediately followed by one contributed by his colleague, Mr. BOWATER J. VERNON, and entitled *Observations on Iridectomy, with an account of 118 cases*. Excluding cases in which the operation has been performed as a preliminary step in the extraction of cataract, this paper embraces an account of all the iridectomies done in the eye-wards of St. Bartholomew's Hospital from the time of their opening in October, 1870, to the end of July, 1874. The whole 118 cases are classified in three divisions, viz.: 47 cases of iridectomy for artificial pupil; 23 of iridectomy for glaucoma; and 48 of iridectomy for iritis and allied conditions, and for the sequelæ of iritis, synechia, etc. For corneal affections Mr. Vernon does not ordinarily recommend iridectomy, though he thinks the operation may be properly tried in some rare cases of progressive ulceration.

On the Acute Arthritis of Infants is the title of a paper communicated by Mr. THOMAS SMITH. Mr. Smith has within a few years observed a number of cases (twenty-one of which he reports in the pages before us) of very acute articular inflammation occurring in young children, and presenting certain peculiarities which he thinks justify him in adding a new disease to the list which surgeons already have to deal with. The affection in question

"probably owes its distinctive features more to the time of life at which it occurs than to any essential difference between it and other recognized joint-affections. It occurs . . . within the first year of life, and is characterized by the suddenness of its onset and the rapidity of its progress and termination, whether the latter be of a fatal or a favourable kind. It is very dangerous to life, and intensely destructive to the articular ends of the bones, which, of course, at this period of life are largely cartilaginous. Lastly, . . . it rarely produces ankylosis, but leaves a child with a limb shortened, by loss of part of the articular end of some bone, and with a weakened, flail-like joint."

The affection does not appear to be in any degree dependent on the existence of a syphilitic taint, and in only two of Mr. Smith's cases was it of traumatic origin. Thirteen of the author's twenty-one cases terminated fatally. The morbid appearances of the affected bones are shown in several wood-cuts.

Though possessing a not very limited experience in the surgical diseases of children, the present writer has not himself observed any cases precisely analogous to those described by Mr. Smith, and is therefore led to believe that the "acute arthritis of infants" is an affection rarely met with in this country.

Mr. HOWARD MARSH contributes, in the next paper, *Reports illustrating the Surgery of Childhood: Strangulated Hernia, with an Analysis of 47 Cases; Umbilical Hernia; Extroversion of the Bladder; Goutre*. Mr. Marsh's first case was one of strangulated inguinal hernia occurring in a boy five months of age; herniotomy was performed on the third day of the strangulation, with instant relief to the symptoms, though the child died twelve days subsequently from erysipelas of the scrotum and abdominal parietes. From various sources Mr. M. has collected forty-seven cases of strangulated hernia occurring in children of ages varying from eight days to thirteen years; and from a careful analysis of these cases he shows that the same rule should be observed in dealing with children as with adults, viz., that one "well-ordered and careful trial" should be made to reduce the hernia while the patient is under the influence of an anæsthetic, and that if this trial fail, herniotomy should be at once resorted to.

The second case narrated by Mr. Marsh was one of strangulated umbilical hernia in a child four months old, rupture of the sac occurring spontaneously and leading to the formation of a fecal fistula. Cases reported by other

writers are also referred to, in which the hernial sac consisted of a dilated portion of the umbilical cord. Mr. Marsh's case of extroversion of the bladder occurred in a male child three years old, and the operation, which was done by Wood's method, failed completely, the patient, moreover, dying from exhaustion at the end of seven weeks. Reference is also made to another fatal case, communicated to the author by Mr. Holmes, so that with Mr. Durham's case and the four included in the table published by the present writer in the number of this Journal for April, 1874 (page 422), the number of deaths since the revival of the operation in late years is seen to be at least seven. Mr. Marsh's paper is terminated with a short account of two cases of bronchocele observed in sisters, one a child three years of age and the other less than two.

On Spontaneous Dislocation of the Femur, is the title of a paper communicated by Mr. W. MORRANT BAKER. Mr. Baker's patient was a boy four years old, an inmate of the Evelina Hospital for Sick Children. The case had at first been supposed to be one of hip-disease, but upon careful examination no arthritic affection was found to be present, but upward and backward dislocation of the femur existed on both sides. Reduction was readily effected by extension, but when the extension was relaxed the deformity was immediately reproduced. The history of the case showed that the dislocations had followed upon an injury, though after an interval during which the child was apparently well. An effort to keep the bones in place by the use of splints and continuous extension was not very successful, and eight months after admission to hospital the patient died with symptoms of tuberculous meningitis. No autopsy could be obtained. Mr. Baker compares his case with several recorded by Mr. Stanley, and with one communicated to him by Mr. T. Smith, in which an opportunity for *post-mortem* examination was afforded. In the last-mentioned case the ligamentum teres, though retaining its normal attachments, was found to be abnormally long and wide, and so far from preventing dislocation actually tended to push the head of the femur out of the acetabulum. The nature of the deformity in Mr. Baker's case is shown by means of two wood-cuts.

We next turn to a short paper by Mr. E. W. MILNER, *On Two Unusual Forms of Dislocation*. Mr. Milner's first case was one of dislocation of the occipital bone upon the atlas, with fracture of the latter bone and of the axis, and with various other necessarily fatal complications, all produced by a fall from a height of seventy feet. This case is one of much interest, and of a kind very seldom met with, there being, as pointed out by the author, only three other cases of traumatic dislocation of the occipito-atloid joint on record. Mr. Milner's second case was one of dislocation of the head of the femur directly upwards, in which reduction was effected on the sixteenth day by Mr. Savory, a previous attempt made by the same surgeon eleven days before having proved unsuccessful. The appearance of the luxated limb in this case is well shown by means of a lithographic plate.

Mr. ALFRED WILLETT contributes a *Note on some points in Surgery connected with the Patella*, in which, referring to the fact that from the anatomical connection of the patella with the tibia these bones move together, he points out the hinderance which femoro-patellar adhesions must oppose to the cure of knee-joint ankylosis, and suggests as a restorative measure subcutaneous division of the adhesions with a narrow knife, and as a means of prophylaxis an early resort to passive motion. In the latter part of his paper Mr. Willett ingeniously suggests that the splitting fractures met with in the lower articulating extremity of the femur are caused by the application of force to the patella (as by a fall on the knee), the peculiar shape of the bone well adapting it to act as a wedge in splitting off one or both condyles.

In the next paper to which we shall invite attention, Mr. FREDERICK A. HUMPHRY describes a case of *Excision of the Astragalus and Os Calcis*, the operation having been performed by himself upon a child between nine and ten years of age. The result was in every way satisfactory, and Mr. Humphry's case is quite worthy of being recorded, but surely the editors or somebody ought to have called his attention to the cases published by Wakley, Heyfelder, Teale, and other surgeons, and thus have saved him from the ingenuous remark that "I am not aware that the calcis and astragalus have been both [heretofore] removed."

Mr. JOHN LANGTON narrates a case of *Large Hydrocele of the Sac of a Femoral Hernia, treated successfully with a Seton and Incision*. Mr. Langton's patient was a woman fifty years old, who for sixteen years had suffered from a femoral hernia, which, during a considerable portion of this time, had been irreducible. About three years, however, before she came under Mr. L.'s observation, the greater part of the hernia was reduced, leaving a small nodular mass, which evidently consisted of omentum, and which by plugging the neck of the sac led to its distension by fluid, constituting the condition known as hydrocele of the part. As repeated tappings only seemed to aggravate the disease, a seton was established by drawing four threads of ligature silk through the lower portion of the sac, and after suppuration had been fully established, the case was treated by making a free incision, which led to a perfect cure. Although hydrocele of the sac is, comparatively, a not very unusual complication in cases of inguinal rupture, it seems to be very rare in connection with femoral hernia: at least Mr. Langton tells us that this was the first instance met with in nearly seven thousand cases of femoral rupture, noted in the records of the Truss Society, during eighteen years.

Cases in Surgery, by WILLIAM NEWMAN, M.D., F.R.C.S., is the title of a short paper which embraces the records of a case of successful excision of the hip for hip-disease, in a man forty-one years of age, and a case of gunshot wound of the knee of twenty-five years' standing, in a man fifty-five years of age, successfully treated by removing the lower half of the patella, which was in a carious condition, and by extracting several small shot which were lodged in the inner condyle of the femur.

A Case of Syphilitic Disease of the Patella, by HOWARD MARSH, forms the last paper of special interest to surgeons. This case occurred in an out-patient, who was kept in a comfortable condition by the continued use of iodide of potassium, and it is recorded merely on account of its comparative rarity.

The volume terminates as usual with the *Statistical Tables of the Patients under Treatment*, during the year 1873, compiled by the Medical Registrar, Dr. W. AINSLIE HOLLIS, and the Surgical Registrars, Messrs. HENRY T. BUTLIN and EDWARD MILNER. These tables are very elaborate, and furnish, in the space of 70 or 80 pages, a large amount of condensed information.

J. A., JR.

We shall now consider the medical papers in the volume.

The first of these is by Dr. SAMUEL GEE, and is entitled *Remarks upon Typhoid Fever*. In it the author discusses various subjects connected with the disease, such as the temperature, duration, complications, and methods of treatment; showing us that the habit which is pretty generally diffused of noting the temperature in the mornings and evenings may frequently lead us into error in regard to its variations. Thus in two cases in which hourly observations were made during the whole course of the attack, the minimum occurred on no day at 8 A. M., or the maximum at 6 P. M., hours at which the ther-

mometer is generally used. In his remarks on the treatment of the disease, he quotes the writings of Sydenham and Currie in evidence that they fully understood the importance of moderating the heat of the body, and that they used cold water for this purpose. Among the complications which Dr. Gee discusses are meteorism and ileus. Both of these depend upon a paralytic condition of the muscular coat of the bowel. The latter fortunately is of infrequent occurrence, but the former is sufficiently common, and is, so far as he is aware, very little under the control of remedies. When speaking of the duration of the disease, he takes occasion to express his conviction that true relapses occasionally happen, and are sometimes sub-intrant, by which he means a recurrence of the specific fever before the first attack has fully run its course. In this way he explains the elevations of temperature which are sometimes observed, and which are generally followed by a continuance of the fever just at the time when it would appear defervescence was about to take place.

A communication from Dr. HENRY M. TUCKWELL *On Clotting of the Blood in Gout and Chlorosis*, comes next. In it the author refers to an article by Sir James Paget, published in the second volume of these Reports, in which "attention was drawn to a group of cases in which persons either of gouty constitution, or with gouty inheritance, become the subjects of a certain form of phlebitis, which attacks by preference the veins of the lower limbs." Besides gout, he continues, there are yet other abnormal states of the body, in which the blood is liable to coagulate either in the veins or in the cavities of the heart. One of these is chlorosis. But there is a difference in the manner of coagulation in this condition and in gout. In gout it is, as far as the author's observation goes, the superficial veins which are first obstructed, and nine times out of ten, the veins of the legs. He has once only seen the superficial veins thus affected in the arm of a man, whose family history suggested gout as the cause of the clotting. From the superficial veins the coagulation creeps up toward the larger veins, which become last of all involved. In chlorosis, on the contrary, the clotting will take place haphazard in any vein—in the femoral veins, the cerebral sinuses, or even in the cavities of the heart. He considers, moreover, that in gout the veins themselves are inflamed prior to the coagulation in them, that in chlorosis there is no such preparatory phlebitis recognizable. Hence from this point of view, he says, we should speak of gouty phlebitis and chlorotic thrombosis. The seven cases which he reports, illustrating his views on this subject, possess, we think, unusual interest.

Dr. TUCKWELL is also the author of a paper *On Acute Yellow Atrophy of the Liver in Children*, in which he gives the clinical histories of three cases of the disease, together with the results of the post-mortem examination in two of them. These show that the disease is essentially the same whether it occurs in children or in adults. It appears to be, however, very rare in the former, for it is alluded to in but very few of the leading books on the diseases of infancy and childhood. Dr. West has seen only one case—one of those recorded in this paper. In all the cases the children had been sick for about two weeks with what appeared to be an ordinary attack of jaundice of moderate severity, when alarming symptoms suddenly occurred, death taking place forty-eight hours later. The autopsies revealed the presence of fatty degeneration of the liver, heart, and kidneys, and the author is inclined to believe that a careful examination would have revealed the presence of the same condition in the brain. In two of the cases the liver was distinctly enlarged at the beginning of the attack, so as to reach two fingers' breadth below the arch of the ribs. The author calls special attention to this, believing, as he does, that the atrophy is always preceded by an enlargement.

Dr. Tuckwell discusses at some length the various theories which have been proposed to explain the pathology of this disease, none of which he finds altogether satisfactory, closing by quoting Traube's cautions, saying that "the time is not yet come for the exact solution of this question." He is evidently inclined to place it among the diseases of the nervous system, regarding the lesions of the liver as a part only—and perhaps, as may hereafter be proved, not the most important part—of some general, and as yet little understood, disorder of the body.

Dr. DYCE DUCKWORTH contributes two papers to the volume. In the first of these, entitled *Notes upon some Forms of Hepatic Enlargement*, he considers the following diseases: hypertrophic cirrhosis; lardaceous infiltration; syphilitic affections; enlargement with chronic jaundice; so-called peculiar enlargement with chronic jaundice and xanthelasma; and lastly, enlargements due to influences of residence in tropical climates. He contends that there is a form of cirrhosis of the liver in which the enlargement is not merely primary, but is permanent, and which is more apt to occur in beer than in spirit drinkers. The breath in this form of cirrhosis has a peculiar odour, which it is difficult to describe, but which is never met with in the more usual form of the disease. The author alludes to several cases in which lardaceous livers were observed to undergo a diminution in size after the condition had existed for some time. In regard to a connection between xanthelasma and diseases of the liver, he says the existence of this is by no means proven. Facts are recorded which show that this skin disorder may exist not only in conjunction with chronic jaundice, arising from different sources, but also that it may be present even where there is no manifest hepatic derangement.

Dr. DUCKWORTH's second communication is one of a series of *Clinical Observations upon Certain Skin Diseases*. In this paper he reports an interesting case of Elephantiasis Græcorum, in which the use of Gurjum Balsam both internally and externally was found to be followed by a great improvement in the patient's condition. Among the other cases reported are one of erythema nodosum, occurring in a child aged eighteen months, and one of herpes zoster, occurring in the course of facial neuralgia, and after arsenical treatment. The writer of this notice saw the same complication in two patients who were taking Fowler's solution for some of the consequences of malarial poisoning. The author also makes a few remarks "On the Treatment of Strumous Abscesses by a Carbolized Catgut Seton." The plan he pursues is to transfix the fluctuating tumour with a needle bearing a catgut thread. The latter being drawn through the longest axis of the swelling, the two ends are to be tied together and left, seton fashion, over the abscess. A poultice is next to be applied for two days or more. Usually within forty-eight hours it is found that the abscess has evacuated itself. The special advantages claimed for this method are its simplicity and the almost absolute certainty that no unsightly scar will ensue.

Dr. W. M. CHURCH contributes some *Notes on the Hereditary Character of certain forms of Xanthelasma Palpebrarum*; his observations leading him to the conclusion that the macular form of this disease depends often, if not always, on an hereditary predisposition, and apparently never on derangements of the liver, or on the occurrence of sick headaches, or of dusky pigmentation around the eyes from other causes. He thinks it not unlikely, on the other hand, that the tubercular form may be caused by changes in the vascularity of the parts due either to local irritation or functional derangement of the viscera. It is rather singular, that, in the hereditary as well as in other forms of the disease, females appear to be much more frequently affected than males.

The statistics of a xanthelasmic family who came under the author's obser-

vation, show that of five males who attained the age of forty or upwards, only one was the subject of this disease. The females, on the contrary, who attained a similar age, were twelve in number, and of these no less than five, or nearly one-half, were xanthelasmic, a far larger proportion than is met with in persons of the same age who have suffered with megrim or liver derangement.

Dr. J. WICKHAM LEGG, in an article *On Paroxysmal Hematuria*, gives a very fair *resumé* of all that has been written on the subject of this curious disease. While he regards exposures to cold as a frequent exciting cause of the attacks, he has not been able to discover from the records of cases, that the occupations of the patients were, in the majority of instances, such as would render them more than usually liable to such exposures. In about a third of the cases, it is said that the patients had before the onset of the hæmaturia suffered from ague. In another third, nothing is said on this head; and in the remainder, the absence of ague, or exposure to malarious influences, is distinctly affirmed. In a few cases the presence of syphilis has been noted, and in several there is a history of rheumatism or rheumatic pains. Most of the cases come from England; two from Germany, two from France, and one from Russia. Indian physicians are familiar with the disease, which is said to be unknown in Paris, Berlin, and Rome. It would seem also to be common in hot climates, and where malaria is abundant.

Dr. Legg had the opportunity once of examining, microscopically, the urine of a patient suffering from an attack of hæmaturia immediately after it was passed, and had no difficulty in recognizing numerous red blood corpuscles. Next day he examined the same specimen of urine, but failed to detect in it a single corpuscle. He is hence inclined to think that the urine has a solvent action upon the corpuscles, and is disposed to attribute the failure of observers generally to detect them in the urine, to their having allowed too long a time to elapse before making the examination. The urine is almost invariably free from albumen between the paroxysms; but the amount is rather greater than in health, while the urea is slightly below the average. The disease is referred by many physicians to the kidneys, by others it is thought to be of constitutional origin. The author discusses these two theories without announcing his adhesion definitely to either. He recommends antiperiodic doses of quinia to ward off the attacks, and suggests that patients should wear flannel and protect themselves against exposure. A full bibliography is appended.

Mr. NORMAN MOORE contributes *Two Observations on Children*, in which he records: 1st. A case of pityriasis rubra. There was no marked peculiarity in this case of skin disease except the age of the patient, which was only nine years. Devergie asserts that it rarely appears before the age of forty. So far as the author can discover, no other case has been described in a child. 2d. Mr. Moore reports two cases in which cup-shaped depressions in the chest coexisted with enlarged tonsils, and in which the deformity gradually disappeared after the removal of the tonsils. This paper is illustrated by cyrtometrical tracings of the thorax in these cases, both before and after the operation.

Dr. J. WICKHAM LEGG reports several *Cases in Morbid Anatomy*; the most interesting of which is one of Addison's disease. Notwithstanding a most diligent search no supra-renal capsule could be found on the right side, its place being taken by a mass of yellow fat, somewhat tougher than the surrounding fat, into which an artery from the right renal, at its branching from the aorta, could be traced. On the left side there was found a black body, as thin as paper, of the shape of the supra-renal capsule, and near its usual place. Other interesting cases are: 1. Abscess of the left lobe of the liver finding its way into the peri-

cardium and right pleura, and, 2. Hydatids of the liver, omentum, and rectovesical pouch. Jaundice. Xanthelasma of the tongue, eyelids, and skin.

Dr. T. LAUDER BRUNTON, in introducing the report of two *Cases of Exophthalmic Goitre*, gives a short history of this disease, in which he omits to give due credit to Flajani, of Rome, whose observations antedate those of Parry, Graves, and Basedow. In the first of his cases the prominence of the eyeballs and enlargement of the thyroid gland occurred paroxysmally, being accompaniments of what seem to have been from the description epileptic convulsions. In the second case the disease was complicated by diabetes, a disease which the researches of Cyon, Eckhard, and Pavy have shown to be closely associated with morbid conditions of the third cervical ganglion and of the nerves passing through it, the very part, indeed, to which the nervous disturbances in exophthalmic goitre have been attributed. In this case there was the loss of consensus between the movements of the eyeballs and the upper eyelid on which Graefe laid particular stress, and which was ascribed by him to disturbed innervation of the lids, and especially of the levator of the upper eyelid which is partly supplied by the sympathetic.

Dr. Brunton believes that the palpitations in this disease depend upon irritation of the accelerating nerves of the heart, that the enlargement of the thyroid is owing to dilatation of its vessels, either in consequence of direct paralysis of the vaso-motor nerves or of inhibition of these by others, and that the protrusion of the eyeballs is owing to increased fulness of the bloodvessels in the orbit. The treatment, which he says has given the best results, is the use of digitalis and veratria with galvanism to the neck; the current being made to pass through both sympathetics. Iron he has found to increase the palpitations to such an extent that its employment can rarely be continued.

We shall give Dr. W. AINSLIE HOLLIS's conclusions in regard to *The Therapeutic Action of Vesicants* in his own words.

"We may consider it proved for clinical purposes: 1. That the local action of blisters consists in first diminishing, and subsequently in destroying, the vitality of the parts with which they are brought in contact. 2. That this local action is also depletory. Whilst increasing the amount of blood in the tissues immediately under the blistered surface, it renders the deeper subjacent structures very anæmic. 3. That, besides the depletory action, blisters influence the system generally, depressing the heart's action, slowing the blood-stream, and cooling the temperature of the body. These results are probably due to the reflex action of the central nervous system."

It is more than probable, he adds, that many, if not all, the therapeutic advantages of a blister may be obtained by the application of less powerful epispastics.

Dr. REGINALD SOUTHEY proposes *Iodic Acid as a Test for Strychnia*, believing it to be much more delicate than the tests in general use, because all these substances, either in solution or in mixture with fluid, possess colour in themselves. Although it is not one single colour, but a play and successive change of colours that signify the presence of strychnia, still a colourless test-solution appeared to him a desideratum. A saturated solution of iodic acid, when warmed in contact with strychnia, evolves an invariable pink-rose tint, which lasts for some little time—an hour or more—and gradually fades out through flesh to a fawn-coloured substance. The author was able to detect, by means of this test, the presence of strychnia in the urine of a dog who had been poisoned by a quarter of a grain injected hypodermically.

Dr. Southey recommends as *A New Test for Opium* a saturated solution of molybdic acid in pure sulphuric acid. The reaction is due to the morphia in

the opium. The best mode of proceeding is to place, by means of a glass rod, a drop of the suspected fluid side by side with a drop of the test-fluid upon either a porcelain slab or a slip of glass laid upon white paper. At once, when the fluids are brought in contact, if morphia or any of its salts be present, a beautiful deep maroon colour will be presented. This colour changes after a while, becoming first deep purple, and then gradually losing its red element, and becoming shortly dark and later a brighter blue, which lasts for several hours, but gradually fades. The reaction is obtained with a single drop of tincture of opium.

Dr. REGINALD SOUTHEY, in addition to the communication just noticed, reports a *Case of Acute Bright's Disease treated by Sulphurous Acid and Vinegar*. The patient was a woman aged 41 years, in whom the symptoms of the disease developed themselves shortly after nursing a severe case of scarlet fever. In consequence of the failure of all the more usual remedies to control the excessive sickness of stomach from which she suffered, Dr. Southey yielded to her craving for horseradish sauce. Finding that this acted well, he then employed the following prescription: Acid. sulphurosi, ℥xx; sp. armorac. comp. ʒj; aquæ destil. ʒj, which was taken every four hours. The active agent in this combination he believes to have been the vinegar, and he has since employed dilute acetic acid in drachm or half-drachm doses with great success in the persistent sickness of the uræmic state. Dr. Southey also attributed very good results to a magnesia mixture possessing diuretic together with slight purgative properties, the formula of which is as follows: Potassæ bitart. ʒj; magnesiæ sulph. ʒj; aquæ menth. pip. ʒj; and to this he added one drachm of the compound spirit of horseradish, which he believes makes it more acceptable to the stomach. The patient made a good recovery, notwithstanding her age.

Dr. T. CLAYE SHAW, at the conclusion of an article *On the Clinical Value of Expression in the Insane*, says:—

“The main thing proved by the insane is, that expressions and gestures may be acquired, which have no correspondence in the sane, and that these gestures are susceptible of a true physiological meaning. That it would be an error to treat them clinically in accordance with the expression; for at times a stimulating line would be pursued when the opposite was really indicated. That they afford the clue to the real mental state in some enthusiasts and ecstatic religionists among the sane. That they give no grounds to conclude that whilst expression of some form may have been at first strictly conservative in obedience to two, at any rate, out of Darwin's three laws, it may not, on the other hand, have been artificially adopted for secret reasons, the fact that special circumstances develop special means of expression being proved by the gesture-language of deaf-mutes.”

Dr. JAMES ANDREW contributes the notes of five *Cases of Rheumatic Fever with High Temperature*, four of which were under his own care. “These cases,” he says, “were not merely the worst in a severe epidemic of rheumatic fever, differing from the others occurring at the same time in degree rather than in kind. On the contrary, the prevalent type of the disease was, on the whole, a mild one, and these cases stood out in marked contrast to the rest, their high temperature, striking as it was, being by no means their most important character.” There was nothing in the history and condition of the patients at all unusual; the only circumstance to which he could attribute any weight was the extreme heat of the summer during which they occurred. He refers to the facts that it is distinctly stated in Dr. Hermann Weber's cases that the temperature of the sick room was excessive, and that Drs. Murchison's and Sanderson's cases also all occurred during the hot months. In the con-

clusions appended to the paper, he says that hyperpyrexia in rheumatism is the effect and not the cause of some nervous lesion; for nervous symptoms identical in kind with those of the hyperpyretic period were observed in all his cases before their rise of temperature took place, and have been observed in cases in which the temperature never reached, even for a short time, any extraordinary height. He thinks it impossible that embolism of some supposed nervous centre can be the cause of the hyperpyrexia. Of all the means of reducing the temperature, he regards the tepid bath as the best. It is free, he says, from the risks attending immersion in cold water, and is vastly superior to the local application of ice, to packing in wet sheets, and to the internal administration of quinia. He does not look upon the existence of pericarditis or pneumonia as a contraindication to the use of the bath.

Dr. JAMES ANDREW contributes a second paper, the subject of which is *the Treatment of Rheumatic Fever by a Non-nitrogenous Diet*, in which he gives the results in eight cases of acute rheumatism, the patients being limited to a diet consisting solely of arrow-root biscuits and thin water arrow-root, of which they were allowed to take as much as they liked. In two cases only were any other drugs employed, except blistering fluid to the præcordia when the heart was attacked, opium in moderate doses when the pain was severe, and an occasional purge. This treatment he continued until after the pains had subsided, with the view of diminishing the amount of urea and uric acid in the urine. In his concluding remarks he expresses the belief that the observance of a non-nitrogenous diet promises better results in rheumatic fever than any other treatment. The average time that his cases were under treatment before the pains completely disappeared was 3.75 days—the longest being five, the shortest two days; and in none did any cardiac affection begin or make progress after admission into the hospital. He takes care to add that this treatment is only suited for young patients whose powers of nutrition are yet unbroken. He confesses an error of judgment in having applied it to two of the cases of rheumatism with hyperpyrexia reported in the paper just noticed.

The volume, which we think a valuable one, closes with the Proceedings of the Abernethian Society for the previous year, and with the usual statistical tables, both medical and surgical. J. H. H.

ART. XXVI.—*Transactions of American State Medical Societies.*

1. *Transactions of the Ninth Annual Meeting of the Medical Association of the State of Missouri.* Held at Jefferson City, Missouri, April 20 and 21, 1875. 8vo. pp. 81. Kansas City, 1875.
2. *Proceedings of the Florida Medical Association.* Sessions of 1874-75. 8vo. pp. 57. Charleston, S. C., 1875.
3. *Proceedings of the Third Annual Session of the Medical Society of Washington Territory.* Held in the City of Seattle, on 22d of October, 1874. 8vo. pp. 34. Olympia, 1875.

1. We notice the adoption by the Missouri State Medical Society of a new by-law concerning the duties of the publication committee. All papers submitted to the committee are to be examined at once, and a report to publish or not to publish made to the Association before the close of its session. Whether or not this decision is final, or liable to be reversed by vote of the Association, we are not told. One or two objections to the new rule may be